## MARQIN

S. No.

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## si NOI OCCUPATION PHYSICIANS RECORD 50 Exact statement PERMANENT EXACTLY. stated properly ciassified. 4 be S pinoda UNFADING INK-THIS AGE carefully supplied. pe may DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH be information should WRITE jo CAUSE OF important.

state

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

8 OCCUPATION
(a) Trade, profession, or

particular kind of work.

(b) General nature of industry, business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE
OF MOTHER
(State or country)

1 PLACE OF DEATH

Pr. Geo.

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

5 SINGLE.

MARRIED,

ORDIVORCED (Write the word)

(Day



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 60 5

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Gillian Brueva Bolden

Ring

(Year)

If LESS than

-min. ?

1 day .....hrs.

REGISTRAR

If more blanks are needed, address State Regis

Month) (Day (Year)  I HEREBY CERTIFY. That I attended deceased from add and by the property of the Cause of t	MEDICA	. CERTIFICATE OF I	DEATH
I HEREBY CERTIFY, That I attended deceased from the call and the last saw here alive on any formal f	6 DATE OF DEATH	aug &	3 , 1914 (Day (Year)
Duration)  Contributory Secondary  (Duration)  (Durati	17 LHEDER	()	1
(Duration)  (Durat	made one eras	1 0000	
(Duration)  Gontributory Secondary  (Duration)  (Durat	hat I last saw h_l/z_l	live on assag /	4
(Duration)  Gontributory Secondary  (Duration)  (Durat	and that desth occurred	on the date stated at	ove, at 3 a, m
Gontributory Secondary  (Duration)  (Durat			
(Duration) yrs mos.  Contributory. Secondary  (Duration) yrs mos.  (Educate the Disease Causing Death, or, in deaths from Violet Causes, state (1) Means of Injury; and (2) whether accide Tal, Suicidal, or Homicidal.  (Elength of residence (For Hospitals, Institutions, Transient or Recent Residents)  (In the in the interest of death) yrs.  (In the interest was disease contracted, in the interest of death)  (In th			' /- '
Contributory Secondary  (Duration)  (Durat			nastation
Contributory Secondary  (Duration)  (Durat	•••••••••••••••••••••••••••••••••••••••	****************************	
Contributory Secondary  (Duration)  (Durat	~~~~~~	000000000000000000000000000000000000000	***************************************
Contributory Secondary  (Duration)  (Durat		(Nuration)	vrs. / mos. de
Signed)  Cangar A Canada M.  State the Disease Causing Death, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether accide tal, Suicidal, or Homicidal.  Blength of Residence (for Hospitals, Institutions, Transiens of Recent Residents)  At place In the Indicated In the Machan More was disease contracted, foot at place of death?  Former or usual residence  Place of Burial or Removal Date of Burial Chaful Hospital Aug 14, 1914.	· · · · · · · · · · · · · · · · · · ·	(Daignail)	
(Duration) yrs mos (Signed) Color (Address) Causal (Address) Price (Address) M. (Address) Price (Address) M. (Address) Price (Address) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.  SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  In the indicate in the indicate (Address) in the indicate of death yrs. mos. (As State yrs. mos. (Address) in the indicate of death?  Former or issual residence (Address) Means of Burial (Address) Market (Addres			
Signed) Sagar W Harratt , M.  Cang h. 3, 1914. (Address) Proceedings from Violer State the Disease Causing Death, or in deaths from Violer Causes, state (1) Means of Injury; and (2) whether accide Tal, Suicidal, or Homicidal.  Blength of Residence (for Hospitals, Institutions, Transient of Recent Residents)  At place In the in the in death yrs. mos. ds. State yrs. mos.  Where was disease contracted, f not at place of death?  Former or usual residence  Place of Burial or Removal Date of Burial Chaful Holl Gug hy, 1914.	secondary		
State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OF RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, f not at place of death?  Former or Usual residence.  9 PLACE OF BURIAL OR REMOVAL  Chaful Holdel  Chaful Ho			
State the DISEASE CAUSING DEATH, or, in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL.  BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) at place  In the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, of not at place of death?  Former or usual residence.  Place of Burial or Removal Date of Burial  Chaful Holis Laughy, 1914		(Duration)	yrsds
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the In	Signed) Codgan	.0 0	4
BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the In		W. Hans	£, M. (
where was disease contracted, if not at place of death?  Former or  USUAL POSIGENCE  Specific Contract of the	aug 2 3, 1914	W. Hours (Address) Pisca	Laway, In
Where was disease contracted,  I not at place of death?  Former or  USUAL residence.  PLACE OF BURIAL OR REMOVAL  Chaful Holl Gug 24, 1914	State the Disease Causes, state (1) Me TAL, SUICIDAL, OF HOM	(Address) Pasea (Address) Pasea (Address) Pasea Ans of Injury; and ICIDAL.	Lauray In a deaths from Violen (2) whether Acciden
f not at place of death?  Former or  USUAL residence  19 PLACE OF BURIAL OR REMOVAL  Chaful Holl aug 24, 1914	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HON THE TAL SUICIDAL, OF HON THE SIDE OF RECENT RESIDENTS At place	(Address) Piscas (Addre	denths from VIOLEN (2) whether Accident
Former or usual residence	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OF RECENT RESIDENTS At place of death	(Address) Piscas (Addre	denths from VIOLEN (2) whether Accident
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Chapel Hill aug hy 1914	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HON  THE LENGTH OF RESIDE OF RECENT RESIDENTS At place of deathyrsmo  Where was disease contracted If not at place of death?	(Address) Pislan (Address) Pislan Causing Death, or, in ann of Injury; and ICIDAL. ICE (FOR HOSPITALS, IN lin the company of the State	denths from VIOLEN (2) whether Accident
Chapel Hill aug hy 1914	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HOM  18 LENGTH OF RESIDE OF RECENT RESIDENTS At place of death yrs mo Where was disease contracted	(Address) Pislan (Address) Pislan Causing Death, or, in ann of Injury; and ICIDAL. ICE (FOR HOSPITALS, IN lin the company of the State	denths from VIOLEN (2) whether Accident
O UNDERTAKER	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HOM TALL, SUICIDAL, OF RESIDE OF RECENT RESIDENTS At place of death	(Address) Pislas (Address) Pislas Causing Death, or, in ann of Injury; and ICIDAL. ICE (FOR HOSPITALS, IN lin the state  ds. State	deaths from Violen (2) whether Accident STITUTIONS, TRANSIENTE yrs. mos. d
7 - ADDRESS	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HON  18 LENGTH OF RESIDE OF RECENT RESIDENTS At place of deathyrsmo Where was disease contracted If not at place of death?	(Address) Pislas (Address) Pislas Causing Death, or, in ann of Injury; and ICIDAL. ICE (FOR HOSPITALS, IN lin the state  ds. State	Lauray In a deaths from Violen (2) whether Accident STITUTIONS, TRANSIENTI yrs. mos. d
of Me Channel Vine Til	State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HON  18 LENGTH OF RESIDE OF RECENT RESIDENTS At place of deathyrsmo Where was disease contracted If not at place of death?	(Address) Pasea (Address) Pasea Causing Death, or, it ans of Injury; and ICE (FOR HOSPITALS, IN In the State	, M. I.  Lauray, In.  deaths from Violen (2) whether Acciden  STITUTIONS, TRANSIENTS  yrs. mos. di

[Approved by U. S. Census and American Public Health Association.]

"Munager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of ago ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retlred from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-



## BINDING FOR RESERVED MARGIN

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WITH UNFADING INK-THIS IS AGE carefully supplied. WRITE PLAINLY, of Information

may be properly classified.

certificate.

See Instructions on back of

piain terms,

N. B.—Every Item CAUSE OF I

V. S. No. 1.

1 PLACE OF DEATH Village or City

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Aug 30, 1914 (Month) (Day (Year)
DATE OF BIRTH	17 I KEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on, 191,
7 AGE If LESS than 1 day,hrs. ORmin, ?	and that death occurred on the date stated above, at 12 00 m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Still Born
(b) General nature of industry, business, or establishment in which employed (or employer)	
BIRTHPLACE (State or country)	ContributorySecondary
10 NAME OF J. W. Brooks J	(Signed) ce Gab Haring Line, M. D.
11 BIRTHPLACE OF FATHER (State or country)  Md	ang 310, 1914 (Address) Chilaton, Md.
OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER Susan M. The Ellen	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  7  7  7  7  7  7  7  7  7  7  7  7  7	OR RECENT RESIDENTS)  At place in the ot death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) 3 TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at piace of death?  Former or usual residence
(Address) Clinton, Med.	Union Bethel J. B. md ma 31,1914
Filed My 31, 1914 Mary W. Thomas	Scott armstrong upper may llow

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopncumonia (secondary), 10 ds. "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item CAUSE OF Important. S

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1 PLACE OF DEATH 8052

County Prince George



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24

Village	or city J. B.

...(No.-

Brandywine

	FULL NAME intantchildrof	Eclicust M. E. Brown
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	male Colored (Write the word)	16 DATE OF DEATH August 23 ml , 1914 (Year)  17 I HEREBY CERTIFY, That Lattended deceased from
6 D	ATE OF BIRTH	
	(Month) (Day (Year)	that I last saw h alive on
TA		and that death occurred on the date stated above, at 10 dock Pm
	yrs mos 28 ds 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	weaknes from bythe constant
(a	) Trade, profession, or rticular kind of work	Cough farture to take nourishment
(b)	General nature of industry,	and finally extraustions
	iness, or establishment in ich employer)	(Duration)yrsmosds.
	IRTHPLACE (State or country)	Secondary
	10 NAME OF FATHER ESCREEN BONDAMO	(Signed) Itm Ho Squines & Parting Coronal.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF In deaths from VICENER
PARI	12 MAIDEN NAME OF MOTHER Many Expent	TAIN, SUICIDAD, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Interment) Edgy Brown.	Former or
	7 B mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) S-VVL	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
	1 + 24 Ole H. 2	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Wcakness," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



## PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH

RECORD

PHYSICIANS should state of OCCUPATION Is very Exact statement stated EXACTLY. of information should be carefully supplied. AGE should be significant to plain terms, so that it may be properly classified. See instructions on back of certificate. should be CAUSE OF Important. S

Village or City.

8053 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

0		Registration	Dist. No.
Loeland	7- 1		
2 oel and	mo	CA. Wa	

death occurred in a hospital or institution, give its NAME instead

2FULL NAME Wa But	ot street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single,  Modern Married,  Whowed,  Who will be word)	(Month) (Day (Year)
6 DATE OF BIRTH    2	that I last saw h alive on 191 4.
7 AGE   1t LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work	Cancer of lover
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER MARYLANDERS	Contributory Secondary  (Duration)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Leonge W Strugger	Former or usual residence
(Address) Leeland Ind	Lectord ma angloth, 1914

REGISTRAR

M more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

No. 1. vi. WRITE

m.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemla" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name orlgin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN W. B. No. 1.

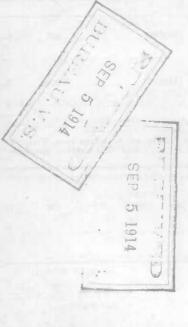
PLACE OF DEATH / 8054	STATE OF MARYLAND
(ruce) General	CERTIFICATE OF DEATH
Gounty View View	Registration Dist. No. 237
Village or City Aguluseo (No.	St.; Ward)  [It death occurred to a hospital or Institution, give its NAME instead of street and oumber.]
FULL NAME OTHER NEW	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Muls Color OR RACE MARRIED, Married (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Unknown,	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on
7 AGE It LESS than	and that death occurred on the date stated above, atm,
35 yrs. mos. ds. ORmin.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Frade, profession, or particular kind of work.  Deek Raud	wowed, Self inflicted fordish
(b) General nature of industry, business, or establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF Eachward Buffer	(Signed) Alleng 3 Conter for acting M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
OF FATHER (State or country)  12 MAIDEN NAME Grace Chesley	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) agrased Ma	At place in the of death yrs mos ds. State yrs mos ds.
(Interment) Edward Butler	Where was disease contracted, It not at place of death?  Former or
	19 PLACE OF BURIAL OR REMOYAL DATE OF BURIAL
(Address)	Theigh Overal they 19, 1914
Filed ang/9th, 191 4 Trengy B. Conte	20 UNDERTAKEN ADDRESS
If more blanks are needed, address State Revistre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
The state of the s	-, wammin bu, marre, mequentill v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pureperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness, -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Astbenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neopiasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for For VIO-



V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s.



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

...Ward)

[If death occurred in a hospital or institution,

FULL NAME Joseph Non	naw Butter give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
ODATE OF BIRTH  (Month) (Day (Year)  7 AGE  (15 LFSS than	that I last saw h w alive on Will Co 1914
Yrs. Comos. 4. ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work.	Enteriles
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENCE) At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Norman S. Butler	if not at piace of death?————————————————————————————————————
(Address) Charles of - R-776-UC.	DATE OF BURIAL OR REMOVAL DATE OF BURIAL  OMN ATTURE CENT AUG. ADDRESS  ADDRESS
REGISTRAR	Jus, Butter Cong Sts DC
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of



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PHYSICIANS short of OCCUPATION REGORD PERMANENT Cla proper NX UNFADING certificate. 20 0 WITH back ATH in plain instructions o DEAT WRITE OF Important. Every Ite m

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .....Ward) a hospital or institution. give its NAME Instead of street and number.] CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL 3 SEX DATE OF DEATH MARRIEO. WIDOWED, (Month) (Day (Year) OROIVORCEO I HEREBY CERTIFY That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? mos..... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. \_\_ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or usual residence. OR REMOVAL DATE OF BURIAL 15 APPRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balth., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

to be signed SEP 4 1914
by Regretar BURBAU, V.S.
RECEIVED

OCT 311914

BUREAU, V.S.

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RECORD PERMANENT THIS INK UNFADING WITH PLAINLY. DEATH WRITE

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mportant. Every it

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OF MOTHER

OF MOTHER (State or country

13 BIRTHPLACE

(Address).



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

Ilf death occurred in a hospital or lostitution give its NAME instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIEO, WIDOWEO. (Day (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a t day ......hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) State or country Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country PARENTS (Address) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place le the ot death YES. \_ mos. \_\_ State \_ Where was disease contracted.

If oot at place of death? Former or

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ..., 191...

20 UNDERTAKER

usual residence

ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Mr.co

REGISTRAR

[Approved by U. S. Census and American Fublic Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No St .....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day TAGE it LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR... ....min. ? BOCCUPATION (a) Trade, protession, or (b) General nature of industry. business, or establishment in (Duration) which amployed (or employer) -----9 SIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. .....

MY KNOWLEDGE

In the State \_\_\_\_ yrs. Where was disease contracted.

it not at placa of death? Former or

usual rasidence.

19 PLACE OF BURIAL OR REMOVAL

DATE OF ····., 191: ADDRESS

Ilt death occurred in

(Year)

a hospital or institution.

give its NAME instead of street and number.]

(Day

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-(b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) -Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichdecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopnoumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of



## S. No. 1.

OF

. B.—Every Item CAUSE OF Important.

z

## ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT should be stated EXACTLY. DEATH in plain terms, so that it may be properly classifled. AGE carefully supplied. should be Information

See Instructions on back of certificate.

1 PLACE OF DEATH 8059 County Pener George
Oner Colly



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 43

If death occurred in

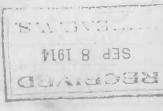
Villag	FULL NAME Aland Aland	0.7	a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 SEX How	vale Calvied Single.  Married.  Minowed.  ORDIVORCED (Write the word)	(Month) (D	0 ,1914 ay (Year)
6 DAT	Montil (Day (Year)	that I last saw h slive on	191.4.
7 AGE	it LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	
(a) Tr	ade, profession, or all with a light kind of work.	from numas cany	•
busines	eneral nature of Industry, ss, or establishment in employed (or employer)	(Ouration)yrs	mos ds.
9 BIRT	THPLACE tate or country) 10 & Gr. Misle	Gontributory Secondary	s
	ONAME OF YOUR CONTROL OF THE PROPERTY OF THE P	(Signed) A On Darrel	ield mole
ARENTS	OF FATHER (State or country) D. G. Co. (Mol-	*State the DISEASE CAUSING DEATH, or in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from VIOLENT ) whether ACCIDEN-
0	BIRTHPLACE OF MOTHER (State or country) P. G. W. Mole	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTE OF RECENT RESIDENTS)  At place In the ot death yrs mos ds. State y	TUTIONS, TRANSIENTS.
	TOTRANT) HALLS GULLE	Where was disease contracted, It not at piace of death?  Former or Usual residence.	
15	(Address) Autobilipile Mel	To hile prose le lan	G 1914
Filed	Aug 10 1914 Allson a Registrar	It rould hours kite	tellester freg
State .	more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as statement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." The contributory Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

N. B.—Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

RECORD

## 1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No..

-Ward) St .:---

[If death occurred in a hospital or institution,

2FULL NAME Obsilian David Cumberland of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male While (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  1 HEREBY CERTIFY, That I attended deceased from	
Mar 2 , 1.9/4  (Month) (Day (Year)  7 AGE   If LESS than	that I last saw have alive on Record 17, 1914, and that death occurred on the date states above, at 3 am,	
yrs 4 mos 2 ds 0 min.?	The CAUSE OF DEATH * was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work		
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Win Frankli's Combessar	Contributory Secondary  (Doration) yrs mos 3 ds.  (Signed) , M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds  Where was disease contracted.	
(Informant) Franklin Combelland	If not at place of death?  Former or  usual residence.	
(Address) He waltsville my	De de grade grade de la company de la compan	
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer, (6)

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report For VIO-



V. S. No. 1.

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pino	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve	1
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H	0	
LY.	neu	-
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EX	s tot	
tatec	EX	
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pin	lassi	
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AGE	oper	
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ping	srms	pac
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of	DE	See
Item	10 E	Important. See Instructions on back of certificate.
SLY	USE	port
EV	CA	E

TY Y

PLACE OF DEATH

County Prince Stors

Village or City Laurel (No. 2007)

2 FULL NAME George m.



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of streef and number.]

Curley Jr.

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	rale or hite Single, Married Wisowed, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That Lattended deceased from
6 D	Aug by 1874 (Month) (Day (Year)	that I last saw h alive on
7 A	3.9 yrs 3 mos 15 ds. OR min.?	and that death occurred on the date stated above, at 10, 30 gm, The CAUSE OF DEATH was as follows:
(a pa	OCCUPATION ) Trade, profession, or ricular kind of work  Therehant	Accesso
bus	General nature of Industry, iness, or establishment in ich employed (or employer)  Jewy Mildel	(Ouration) yrsmosds.
9 8	(State or country) Rockwood Pa	Secondary  (Duration) yrs mos ds.
TS	10 NAME OF FATHER 4CO. M. Curley	(Signed) (Ouration) yts mos os.  (Signed) Tyaylor, M. D.  Deg 30, 1914 (Address) Saund Med
PAREN	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  S 2/1/2 C P	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
ш	13 BIRTHPLACE OF MOTHER (State or country) Somerset & Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place in the of death
	(Informant)	Where was disease confracted, If not at place of death? Former or usual residence.
16	(Address) Laurel ms.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ang. 31 1914
FII	ed Aug 34, 191 & Nin, a, Fairall REGISTRAR	20 UNDERTAKER & French Javel Md.

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohor pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

uant neoplasms); Measles; Whooping cough; Chronie which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT-DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Brouchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated uuder the head of "Dropsy," "PUERPERAL septichae-"Exhaustion,"



Very CERTIFICATE OF DEATH S PHYSICIANS should of OCCUPATION IS Registered No [if death occurred in a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 16 DATE OF 3 SEX 4 COLOR OR RACE MARRIED, Widows WIDOWED. (Month) BINDING ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 ....., 191 ...., to (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. OR ..... ? properly (a) Frade, profession, or particular kind of work Ш (b) General nature of industry. pe supplied ESERV business, or establishment in (Duration) UNFADING may which employed (or employer) ...... Contributory..... sertificate. BIRTHPLACE (Secondary) (State or country) 10 NAME OF ARGIN WITH 11 BIRTHPLACE terms, ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo. AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State ...... yrs, ....... mos, ...... ds. (State or country) of death yrs. ..... mos. ..... ds. DEATH Where was disease contracted. WRITE if not at place of death? 0 Former or OF usual residence important. 19 PLACE OF BURIAL OR REMOVAL Every It DATE OF BURIAL 15 20% œ. REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St./ Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthfulthus: Farmer (retired 6 yrs.). If retired from business, that fact may be indi-(a) the kind of work and also (b) As examples For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

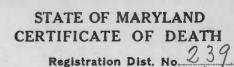
ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Sarcoma. etc., of .. tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.; For VIO-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

1 PLACE OF DEATH Village or City



029ESt; 2 Ward)

[It death occurred lo a hospital or Institution, give its NAME Instead of street and number.]

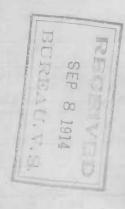
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, windowed, Single or	16 DATE OF DEATH  (Month) (Day (Year)  17 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Year	that I last saw her allve on Questin 125, 1914
<sup>7</sup> AGE If LESS th	and that does does not the date stated above, at
19 yrs 3 mos 2/ ds. OR min.	I THE CAUSE OF DEATH * Was as foligws;
(a) Trade, profession, or particular kind of work (b) Generat nature of industry,	fallower with y full to the second
business, or establishment in which employed (or employer)	(Ouration) 3 yrs mos ds.
State or country)	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER Jos. E. Davidson	(Signed) A Hoyett , M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Male N NAME OF MOTHER O 44	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother that siegler  13 BIRTHPLACE OF MOTHER (State or country) Ballan & Cily  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,
(Interment) Mass Jos. Ed Pasidson	If not at place of death?  Former or usual residence.
(Address) To and Off	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aug, 27-, 1914 Mm. a, Fairall	20 UNDERTAKER ADDRESS
REGISTRAR	egistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatemeut. additional live is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the who have no occupation whatever, write None. causing pearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.-

PLACE OF DEATH

8064



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

.....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WILLOW WINDOWED, WILLOW WITH the word)	18 DATE OF DEATH  (Month) (Day) (Year)
6 DATE OF BIRTH Deft 9, 1865. (Month) (Day) (Year)	that I lest saw h alive on All 30, 191
7 AGE 26 yrs 10 mos, 2 G ds OR min. ?	and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature at Industry,	
business, or establishment in Asraw which employed (or employer)	Contributory (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Obration) yrs. mos. ds.
10 NAME OF FATHER Saac Sackett  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) , M. D.  (Address) , M. D.  *State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of deathyrs,mosds. Stateyrs,mosds. Where was disease contracted.
(Informant) Saac Cochett	If not at place of death?  Former or  usual residence
(Address) Jorephseys, and 15 Filed Aug 4, 191 4 Ernest V. Garner	9 PLACE OF BURIAL OR REMOVAL Sibbons Clurch Cem August 4, 1914 20 UNDERTAKER ADDRESS
REGISTRAR  If more blanks are needed, address State Registra	r, 6 E. Franklip St., Balto., Requesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of allof persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) return "Laborer," Farmer or Planter, Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PULBPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can-State cause for Examples:

## 7. S. No. 1.

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PERMANENT 4 S PLAINLY, WITH UNFADING INK-THIS WRITE CAUSE OF

# Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

8065

PLACE OF DEATH County.



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.

FULL NAME Calhurine &	St.; Ward)  a hospital or institution give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Female Color or RACE Single, Married Wisower, ORDIVERCED (Write the word)	18 DATE OF DEATH  Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that Last saw h. 22 alive on and 1914,
7 AGE  1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1230 C.m., The GAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work  (b) Geoerai nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Coffather (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER OF A A A A A A A A A A A A A A A A A A	(Signed)  (Signed)  (State the Dismass Causing Dmath, or, in deaths from Violent Causins, state (1) Mmans of Injury; and (2) whether Accidental.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Warfland  Uniformatical Control of the control of	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, if oot at place of death? Former or usual residence.
(Address) Sharks Ash  Filed Ana 21 Sk 191 4 Anny B. Contect  Agrees M. Stock Registran  If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL  Apprece Tuck Appress  20 UN SERTAKER  Appress  Appres

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. minc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," . "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "PUTRPERAL septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neopiasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of \_ Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



## BINDING FOR RESERVED MARGIN

OCCUPATION IS very PHYSICIANS ō statement EXACTLY. Exact ciassified. pe . AGE should properly classif supplied. carefully that it 80 be should See instructions Information of CAUSE OF Important.

## RECORD PERMANENT 4 S UNFADING INK-THIS certificate. 0 terms, a UO

3 SEX

7 AGE

PARENTS

15

14 THE ABOVE

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address).....

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Posistration Dist

Registration Dist.	110
St.;Ward)	[If death occurred in a hospital or institution,

Village or City (No.

5 SINGLE,

MARRIEO,

WIDDWED,

(Day

MEST OF MY KNOWLEDGE

ORDIVERCEO CANTILLE

(Year)

OR ..... 7

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

which employed (or employer) .....

<i>†</i>		of street and number.]	
CERTIFICATE O	F DEATH		
aug	8	, 1914	
		(Year)	
CERTIFY, That	I attended d	eceased from	
lve on aug	17/	, 1914	
on the date state	d above, at	6 a m.	
was as follows:	7	•••••	
. /			
0 000			
		***************	
(Duration)	yrs	.mosds.	
	* * * * * * * * * * * * * * * * * * *	*********	
(Duration),	yrs	mosds,	
· TUBA	har	, M. D.	
Address)	nvo	md	
AUSING DEATH, OINS OF INJURY; a	r, in deaths ind (2) whet	from VIOLENT her ACCIDEN-	
CE (FOR HOSPITALS	, INSTITUTION	S, TRANSIENTS.	
in the			
	(Month) (CERTIFY, That (Month) (CERTIFY, That (Month) (COURTIFY, That (Month) (In the date state (Month) (	CERTIFICATE OF DEATH  (Month) (Day CERTIFY, That I attended of plants to all the property of the date stated above, at was as follows:  (Duration) yrs  Address) yrs  Ausing Death, or, in deaths in the date stated above at a stated above at a stated above, at was as follows:  (Duration) yrs  Ausing Death, or, in deaths in the property and (2) whether the property and (3) whether the property and (4) whether the property and (5) whether the property and (6) whether the property	

It LESS than day,hrs.	and that death occurred on the date stated apove, at		
R 7	The GAUSE OF DEATH× was as follows:		
<u> </u>	Typhond Jener		
00000mmmmaaaaa	(Duration) yrsmosds.		
	Secondary Secondary		
	(Duration) yrs mos ds.		
	(Signed) (Signed) (Address) Low md		
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL		
7	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS)  At place In the ot death yrs mos ds. State yrs mos ds		
DGE	Where was disease contracted, If not at place of death? Former or		
nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Stremons cemetry from aug 10th, 1914		
GISTRAR	Rawling & Stamp hottingham		
State Regis	trar, 6 E. Frankon St., Baito., Requesting V. S. No. 1.		

PLAINLY, WITH No. v2

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REGISTRAR If more blanks are needed, address State Re

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the bisease Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," engineer. (0)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of...... (name origiu; "Canmia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." Aeeidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) iujury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of State cause for Never report



V. S. No. 1.

RECORD UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY.

# WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF important. N. B.

8067	
urge	

1 PLACE OF DEATH

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	[if death occurred a hospital or institution
	give ite MAME inche

VII	2FULL NAME COLL LLO	St.; Ward)  a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Moneth (Day (Year))  17 I HEREBY CERTIFY That I attended deceased from
6 D	(Month) (Day (Year)  GE If LESS than t day, hrs.  yrs mos 3 ds OR min.?	that I last saw h was alive on which at last above, at 12 Pm.  The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION  1) Trade, protession, or articular kind of work	(Buration) yrs mos ds.  Contributory Converses
PARENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER CASASSIE BUttle  13 BIRTHPLACE OF MOTHER (State or country)  (State or country)  14 MOTHER CASASSIE BUTTLE  15 BIRTHPLACE OF MOTHER (State or country)	(Signed)
15	(Informant) Company Market (Address) Company Market (Address) (Address)	Where was disease contracted, If not at place of death?  Former or usual residence
Fi	lad 101	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed br given up on account of the misease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Grocery; (a) Foreman; (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laberer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of childbirth or misearriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning: Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 19 4 BURLEAU, V.S. PHYSICIANS should of OCCUPATION IS

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DEATH

OF CAUSE OF

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## STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2 47 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRYDO, WIDDWED, ORDIVERCED (Write the word) Month) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day\_\_\_hrs. The CAUSE OF DEATH\* was as follows: OR ..... mig. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) .... State or guntry) Contributory Secondary 10 NAME OF FATHER ARENTS 15 BIRTHPLACE OF FATHER State the Disease Causing Death, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) \_\_\_\_ yrs. \_\_\_\_ ds. Where was disease contracted. If not at place of death? Former or usual rosidence 19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

In the

State ..... yrs, \_\_\_\_ mos. \_\_

DATE OF BURIAL

Ilf death occurred in a hospital or institution. give its NAME instead of street and number.]

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease gainfully employed, as At school or At home. Care material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Can · nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgthenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or termlual conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, injury, as fracture of skuli, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsious," "Debility" ("Conture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," The nature of the "Exhaustion," Never report For VIO-



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## PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF BIRTH (Month TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

(Address)

14 THE ABOVE

OF MOTHER

OF MOTHER (State or country)

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MARRIED.

## STATE OF MARYLAND CERTIFICATE OF DEATH

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L CERT	FIGATE OF	DEATH
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was si	s follows:	oralorum
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CAUSING ANS OF ICIDAL.	DEATH, or, i	n deaths from Violena (2) whether Acciden
NCE (For	In the	STITUTIONS, TRANSIENTS yrs,
RREMO	OVAL	DATE OF BURIAL

WIDOWED, ORDIVORCED (Write the word) I HEREE that I last kaw h (Day (Year) If LESS than and that death occurred 1 day / shirs. The CAUSE OF DEATH OR ..... nin. ? \_\_mos.\_\_\_\_ds. Contributory. Secondary (Signed) tate the DISEASE CACSES, state (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDE! OR RECENT RESIDENTS At place of death. yrs. .... Where was disease confracted OWLEDGE If not af place of death?-Former or usual residence. 19 PLACE OF BURIAL 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

MEDICA

DATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

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LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a dcfinite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of



MARGIN RESERVED FOR BINDING

Gounty Prince George's	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2 4 7
Village or City Capital Kught (No. 2)	St; Ward) [If death occurred a hospital or Institution
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  1T  I HEREBY CERTIFY, That I attended deceased from
Spate of Birth July 26, 19/4 (Month) (Day) (Year)	that I last saw here alive on aug 8 1 , 1914
T AGE   If LESS than 1 day,hrs  hrs  hrs	and that death occurred on the date stated above at 4, 10 Co.
GOCCUPATION (a) Trade, profession, or particular kind of work.	Premotine birth
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory General weekness Defective (Secondary)
10 NAME OF FATHER David & Haller	(Signed) A R. Makenzie, M
11 BIRTHPLACE OF FATHER (State or country)  Md.	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER Jennie Wolmes  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Savid & Haller.	Where was disease contracted, if not at place of death?  Former or  usual residence
(Address) Capelof Eight 32	Washington LO.C. Cug. 10, 1914.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (0)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of \_\_\_ The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," ... (name origin; "Can-Examples: cause for ds.; OI

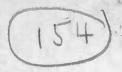


MARGIN RESERVED FOR BINDING

No.

PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS AGE on back of certification PLAINLY, WITH DEATH in plain terms, See Instructions of information N. B.—Every Item of CAUSE OF I

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## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 236

St.;	W	ar	d)
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[if death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FILL NAME Hattie Harrison

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Golored Single,  Married,  Widow  Orbivorce  (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  [ HEREBY CERTIFY, That I attended deceased from
DEC 24 (Year)	that I last saw h alive on
AGE   If LESS than 1 day,	and that death occurred on the date stated above, at 2 m The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Frade, profession, or Housewife particular kind of work.	natural causes
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds
(State or country) Prince Seo loo, Md	(Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  yrs
10 NAME OF FATHER Saml Hebron  11 BIRTHPLACE (State or country) unknown  12 MAIDEN NAME	(Signed) S. M. Leaweigen Coroner, H. B.  Aug. 30., 1914. (Address) Mitchellurille  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother  13 BIRTHPLACE OF MOTHER (State or country) unknown.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos, ds. State yrs mos, ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Basil Harrison	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Mitchellville Md.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Aug 30, 1914
Filed, 191	Frank Wood work

[Approved by U. S. Census and American Public Health Association.]

ness. If relied from he mass, that fact may be indicated thus: Farmer (relified 6 yrs.). For persons "Manager," "Dealer," etc., "Caborer, "Toreman," flation, as Day laborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up in account of the disease Servant, Cook, Housenseid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not gainfully employed, as At a hool or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked, on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (4)

losis of lungs, meningal peritonaeum, ("Pneumonia," unqualify I, is indefinite); Tubercupneumonia"); Lobar pni monia; Bronchopneumonia brospinal term for the same disease time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to feeter (the only definite Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fcv. (never synonym is "Epidemic cere-Examples: Cerebrospinal report "Typhoid (avoid use etc.

> cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for genital," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken ... For the childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "A part failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of \_ The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing terminal conditions, such as "As-(secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 2 Ilt death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH 4 COLOWOR PAGE MARRIEO, WIDOWED. (Month) (Day (Year) ORDIVORCED HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw har (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, a t day,.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAM OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ...... yrs. \_\_\_\_ mos. Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence. OF BURIAL OR REMOVAL (Address) .-15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state To DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s important.

1 PLACE OF DEATH

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 24/

St.:---Ward)

[It death occurred in a hospital or institution, give its NAME Instead

FULL NAME Juliu ha	Sulton of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Comparison of Day (Year)	that I last any have alive on any 27, 1914.
If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country) Vow York	Contributory Secondary  (Deration) yrs mos ds.
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) Cloud Court M. D.  , 191 (Address) Cryon fut R4 D5-UE
T SIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14	At place in the of deathyrsmosds. Stateyrsmosds  Where was disease contracted.
(Informant) (Informant)	tt not at place of death?————————————————————————————————————
(Address) er yen the Robbs=	PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL Crug 2 8, 191.74
Filed, 191REGISTRAR	20 UNDERTAKER LANDON LANDONESS Washington

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1. ď

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacgenital," "Seuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



V. S. No. 1.

Filed.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT stated EXACTLY. of information should be carefully supplied. ACE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. N. B.—Every ltem of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St: ----Ward)

[If death occurred in a hospital or institution,

	FULL NAME Felia Ma	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day (Year)
	(Month) (Day (Year)	that I last saw h wallveon Clarks 2 1914
TA	GE   It LESS than 1 dayhrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a pa (b) bus	CCUPATION ) Trade, protession, or rficular kind of work ) General nature of industry, siness, or establishment in ich employed (or employer)	(Duration) yrs mos ds.
_	(State or country) Pruce Heave	Contributory Secondary
S	10 NAME OF FATHER Devis Marshall  11 BIRTHPLACE	(Signed) Charles (Doration) yrs mos ds.
ARENT	OFFATHER (State or country) Truck Surger	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Account
PAF	of MOTHER Claude Sundly	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of deathyrsmosds
	(Informant) TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?  Former or usual residence.
	(Address) Oxen Zhel.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		Oron Joll M. E. Ch- assa 3191 L

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many oecupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of mia," "PUERFERAL peritonitis," etc. State eause for theuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skuli, and eonsequences (e. g., childbirth or miscarriage as "Puerrenal septichacetc., when a defluite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," affection used not be stated unless important. ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Juanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1914 BUIREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County France Ger

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 232

FULL NAME Darah L. M.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Single, MARRIED, MARRIED, WIDOWED, ORDINARCED ORDINARCED ORDINARCED ORDINARCED	16 DATE OF DEATH 8 3/ 1914 (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h 4 alive on 11 3 1914
7 AGE  3 5 yrs   11 LESS than 1 dayhrs. or min.?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Couration) yrs 6 mos ds.
9 BIRTHPLACE (State or country) May land  10 NAME OF FATHER Clied a Smeaney  11 BIRTHPLACE OF FATHER (State or country) May land  12 MAIN DO THER OF THE OF	(Signed) (Doration) US MOS OS.  (Signed) (Address) (State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Address) After Maclows  16  Filed A Registrar  If more blanks are needed address State Position	19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL  10 P

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

Village or City Woodyard (No. M.)  Village or City Woodyard (No. M.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 M.M.  St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SER 4 COLOR OF RACE MARRIED, MIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	all 1914, to all 4, 1914, that I last saw he alive on all 5, 1914
FAGE  If LESS than 1 day,hrs. ORmin.?  6 OCCUPATION (a) Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at 3m, The CAUSE OF DEATH* The stated above, at 3m,  Could Stated above, at 3m,
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory (Duratton) yrs mos ds.  Contributory (Duratton) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME	(Signed) (Address) (N. D. Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Septial alsou  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Intermant). Quarter Walson (Address) Meddows mid	If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Aug. 12., 1914.
Filed CLASSIC AREGISTRAN  If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," But in many "Foremau," (b)

lcsis of lungs, ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal causing death (the primary affection with respect to "Croup";) time and causation), using always the same accepted fever (the only definite syuonym is Statement of cause of death-Name, first, the DISEASE meuingitis"); Diphtheria Typhoid fever (never meninges, peritonaeum, unqualified. is indefinite): Tubereureport "Typhoid "Epidemic cere-(avoid use of etc.,

> mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Can sepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably MENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary). 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiuite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of may be stated under the head of "Dropsy," "Exhaustiou," Never report For vio-



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT d PLAINLY, WITH UNFADING INK-THIS IS WRITE

V. S. No. 1.

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	PLACE OF DEATH 8076  unty Prince George  age or City Hyattarille (No. 1)  FULL NAME Holen M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 245  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 se	wale 4 color or RACE 5 single, MARRIED, WIDOWED, undowned ORDIVORCEO (Write the word)	16 DATE OF DEATH Quantum 1912 (Juny (Year)  17 I HEREBY CERTIFY. That I attended deceased from
TAC	3-5 yrs 5 mos 27 ds. 1 day, hrs. or min.?	that I last saw here alive on Oug 29, 1914, and that death occurred on the date stated above, at 7 m.  The CAUSE OF DEATH* was as follows:
(a) par (b) busi which	CCUPATION I Trade, profession, or ricular kind of work. General nature of Indostry, Iness, or establishment in ch employed (or employer).	(Duration) yrs. 6 mos. ds.
981	10 NAME OF FATHER GARW LOVENMA	Contributory Secondary  Los (Doration) yrs mos ds.  (Signed) Surely Salumes, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  May E. Levening  13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)  Af place  In the
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds  Where was disease contracted,  If not at place of death?

Former or usual residence

20 UNDERTAKER

OF BURIAL OR REMOVAL

Jug 31, 1914 ADDRESS

W PLEGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: causing dearn, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent)



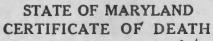
No. 1.

# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty PLACE OF DEATH 8077

County Laure Grangs

Village or City Laure (No.



Registration Dist. No. 239

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FILL NAME College & Gov

FULL NAME COLLESS CO. COV	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	(Nohth) (Day (Year))  (1) 1 HERESY CERTIFY, Inst I attended deceased from
6 DATE OF BIRTH	any 28 1914 to Cley of 1, 1914.
Meh 22Ma, 1887/ (Mouth) (Day (Year)	that I last saw h 1 alive on Defety 4,1914
<sup>7</sup> AGE if LESS than	and that death occurred on the date stated above, at 6 9 m.
77 yrs mos 1 day, hrs. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Drurhou
(b) General nature of industry, business, or establishment in which employed (or employer)	Quration) Ary mos 20 ds.
9 BIRTHPLACE (State or country)	Secondary  (A)  (A)  (A)  (A)  (A)  (A)  (A)  (A
10 NAME OF FATHER CLICKAGE OF FATHER OF THE OF FATHER OF THE	(Stapped) (Duration) yrs mos ds.  (Stapped) (Stapped) (No. 191 4 (Address) Degkrel Mile)
(State or country) full a	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, OUICIDAL, OF HOMICIDAL,
a Darha Miser	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of dealh?
(Informant) MM 4, Ord	Former or usual residence
(Address) Laurel Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Aug, 6th, 1914 Www, a, Favall	Douden Eur aug 8th 1914  20 UNDERTAKER  ADDRESS  LA LESULT OF DE LA
If more blanks are needed, address State Regist	trar 6 E. Franklin St. Balto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

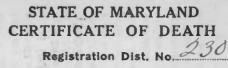
Icsis of lungs, pneumonia"); time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," "Croup";) fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE for the same disease. meningitis"); Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercu. meninges, peritonaeum, etc., Diphtheria Examples: Cerebrospinal (avoid use

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-TENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitie," etc. childbirth or miscarriage as "Puerreral septichucmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) Always qualify all discases resulting from Measles "Scnile," ctc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," The nature of the State cause for "Exhaustion," Never report For VIO-

No. 1. và

## CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PHYSICIANS should state N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen

8078 1 PLACE OF DEATH Village or City Berusy, RFD (No.



...Ward)

[If death occurred in a hospital or institution give Its NAME Instead of street and number.]

## FULL NAME albert Gustave Pannebaker

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  White  5 SINGLE, MARRIED, WIOWED, ORDIVORCED	16 DATE OF DEATH  (Month) (Day (Year)
DATE OF BIRTH  (Month) (Day (Year)	that I last saw have alive on
7 AGE   if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at filling, m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry,	THE PLANTE OF THE PARTY OF THE
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country Berusy Md. R. F. D.	Contributory Secondary
10 NAME OF FATHER G. B. Pannebaker  11 BIRTHPLACE	(Signed) (Signed) (Signed) (Address) (Sesset 1997) (Address)
(State or country) Washington, W	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Washington, D.C.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W Colon Grant	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Bernyy ud  16 File Reg 27, 191 4 Jan Smith REGISTERR	Nashington De ang 29, 1914  20 UNDERTAKEN  ABORESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabay LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for etc., whou a defiuite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Coumere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less defiulte; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death). 29 ds.; "Seuile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustiou," Never report



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* PLACE OF DEATH 2079	STATE OF MARYLAND
7. 6. 0000	CERTIFICATE OF DEATH
County Trine Leorges	181,
	Registered No.
Village or City accorded (No.	St.: Ward)   [if death occurred in
Village or City (No,	a hospitat or institution,
00 00	of afrest and number 7
FULL NAME John Shomas	Perrice and univer.
January Propinsi And	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH August 13 1914
Male White (Write the word)	(Month) (Day) (Year)
1	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH M	, 191, to, 191,
May 10, 186	that I last saw h alive on, 191
month) (Day) (Year)	
TAGE If LESS than	and that death occurred on the date stated above, at
7 yrs. 3 mos, 3 ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCGUPATION	natural causes: probably
(a) Trade, profession, or	tuberculosis with
particular kind of work	complications
(b) General nature of industry, business, or establishment in	(Ouration) yrs mos, ds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Contributory (Secondary)
(State or country) Maruland	(Ouration) yrs mos ds.
10 NAME OF A	01/01
FATHER Multmown	(Signed) CA tolhemus, acting Corner
O 11 BIRTHPLACE	aug 14, 1914 (Address) Piecetaway Md.
Z (State or country) Man - 1 Country	*State the DISEASE CAUSING DEATH, or, in death from Violent
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER  Quelynamic	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	At place in the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
THE ABOVE IS THOSE TO THE BEST OWN THOWEEDE	if not at place of death?
(Interment) Mary 6 Victorell	Former or usual residence
Rolantegat Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Color (Address)	
15 2 11 10 2 41	
Filed ling 15, 1914 Edfar W. Hull In.	OUNDERTAKER ADORESS
deveul REGISTRAR	Wm Malioney accokeck, ma
If more blanks are needed, address State Regists	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	V

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISKARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Ineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc..

cause. Always qualify all diseases resulting from ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPTERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples:

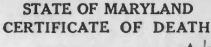


## V. S. No. 1.

N.B.

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8080 1 PLACE OF DEATH



Registration Dist. No.

...Ward)

[If death occurred is a hospital or institution.

	FULL NAME Shape	give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Que / , 1914.  (Month) (Day (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	17 I hEREBY CERTIFY, That I attended deceased from 191 , 191 , to 191 ,
TA		and that desth occurred on the date stated above, at
(b) bus wh	10 NAME OF FATHER CSTATE (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	(Signed) (Duration) yrs mos. ds.  (Signed) (Ouration) yrs mos. ds.  (Signed) (Signed) (Signed) (Address) (Signed) (Address) (A
14 -	of Mother Loly Radd  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITAL'S, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?————————————————————————————————————
15 FII	(Address) And Attack of Registran	DATE OF BURIAL OR REMOVAL  DATE OF BURIAL  OLUGIO HILL ON ADDRESS  STAR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. causing dearth, state occupation at beginning of ilibeen changed or given up on account of the DISEASE (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, rcturn Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH, UNFADING INK-THIS IS A PERMANENT RECORD

Village or Gity Hallowith (No. St. Ward)  2 FULL NAME LALL RAVIOLES  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  10 DATE OF DEATH  10 DATE OF DEATH  11 DATE OF DEATH  12 DATE OF BIRTYP  12 LISTS IBAN  13 LISTS IBAN  14 LISTS IBAN  14 LISTS IBAN  15 LISTS IBAN  16 LISTS IBAN  16 LISTS IBAN  17 LISTS IBAN  17 LISTS IBAN  18 LISTS IBAN  19 LISTS IBAN  18 LISTS IBAN  19 LISTS IBAN	County 2 County 8081	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 245
SEX  *COLOROR RACE  *SINGLE, MARRIED, M	alla Rasali	St; Ward) a hospital or institution, give its NAME instead
SEX  **COLOROR RACE  SINCEL  WHEREY CERTIFY. That I attended deceased from Manager of Month  (Day) (Noar)  **COLORATION  (a) Frace  **COLORATION  (b) Frace  **COLORATION  (c) Frace  **Coloration  (d) Frace  **The Cause of Birth  **Coloration  (e) Frace  **Coloration  (e) Frace    Tage    Tage	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SOATE OF BIRTY  PAGE  IL LESS than 1 day, _hrs. 1 day	SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED,	, 1919
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  SIRTHPLACE (State or country)  Lattle  OF FATHER  10 NAME OF FATHER  (Rate or country)  WARDEN NAME OF FATHER  13 BIRTHPLACE OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  13 BIRTHPLACE OF MOTHER  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)  (Address)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)  (Address)  15 Flied  Aug 2 1914  ADDRESS  16 MOTHER  17 LAUGUST AND	Month) (Day) (Year)  AGE (Month) (Day) (Year)  It LESS than 1 day,hrs.	that I last saw h.D. alive on Aut (e , 1914) and that death occurred on the date stated bove, at 2 A m,
11 BIRTHPLACE OFFATHER  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER  14 MAIDEN NAME OF MOTHER OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 BIRTHPLACE OF MOTHER OF MOTHER  (State or country)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs, mos, ds, State yrs, mos, ds,  Where was disease contracted, it not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  Halleunberrg  ADDRESS	(a) Trade, protession, or particular kind of work	Gontributory Contribution (Secondary)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)  (Address)  (Address)  (Address)  Ty authorite  (Address)  15  Filed Aug 5  1914  ATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  16  17  18  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS	of FATHER  11 BIRTHPLACE OF FATHER (State or country)  Missouri	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
(Address) Thyartsville Ma 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Filed Aug 6", 1914 hrs. Jan Severe 20 UNDERTAKER ADDRESS ADDRESS ADDRESS	13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?
TOTAL	(Address) Thyartsville Ma 16 Filed Aug L' 1914 Mrs. Jan Severe Wafutz REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Manager 1914  20 UNDERTAKER  ADDRESS  Hasch Sow Bladewsborg

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease catting death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nns," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valualar heart disease; Chronic interstitial nephritu nant neoplasms) ; Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), State cause for Examples: For vio-29 ds.;



Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE

## No.

1.8 ż

## STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

	1101	Registrat
Village or City Labaland	(No.	

ion Dist. No. 28/

...Ward)

Flf death occurred in a hospital or institution, give its NAME instead of street and number.]

	2 FULL NAME Clyabith	O. Taylor
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 si	Colored Single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
6 D	(Mouth) (Day (Year)	that I last saw has alive on any g, 1914,
7 A	If LESS than 1 day hrs.  yrs	and that death occurred on the date stated above, at
(a)	CCUPATION  Trade, profession, or  ticular kind of work	Enlevetes
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos. / Q. ds.
9 B	RTHPLACE (State or country.) Red	Secondary (Duration) yrs mos ds.
	10 NAME OF Go. F. Taylor	(Signed) Attieuce, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Wash SC.  12 MAIDEN NAME	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicinal, or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	(Interment)	Where was disease contracted, If not at place of death?  Former or usual residence
16	(Address). Zerwy	Blace OF BURIAL OR REMOVAL DATE OF BURIAL BLOCK II 1914
	er Cug 1/ ", 1914 M. D. Shreer REGISTRAR	20 UNDERTAKER ADDRESS Buy Mand
	If more blanks are needed address State Bude	Alanki de au

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

pneumonla"); Lobar pneumonia; Bronchopneumonia causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., "Croup";) term for the same discase. time and causation), using always the same accepted ("Pneumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal (avoid use

> affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marusthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomenclainjury, as fracture of skuii, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio childbirth or miscarriage as "Cotlapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. ture of the American Medical Association.) "Contributory." by earbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease canslag dcuth), 29 ds.; "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "PUERPERAL septichae-The nature of the "Exhanstion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

Village or City

8083

County Phine gury

2 Mars



## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 243

\_St.;----Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]

FULL NAME Jane D. Thursdo

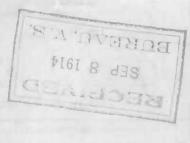
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tour Color of Race Single, Married, Widowed, Ordivoretd (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DATE OF BIRTH  Auly 29, 1914  (Month) (Day (Year)	Thereby CERTIFY, That I attended deceased from the light of the state
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry,	· · · · · · · · · · · · · · · · · · ·
business, or establishment in which employed (or employer)	(Ouration) yrs mos 24 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) (Duration) YES MOS M. D.  (Signed) (Address) Proceeding Many M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place in the ot deathyrsmosds Where was disease contracted, If not at place of death?
(Informant) James La Theyron (Address) Theyron diel of Mole	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 23, 1914 Nelson a Ry on 3	DANNE MAI July 1914
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day Laborer, Form Laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent)



No. 1. 702

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A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF I

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

..St.;....Ward)

[If death occurred lo a hospital or institution, give Its NAME Instead

2FULL NAME Showas
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)  16 DATE OF DEATH  16 DATE OF DEATH  17 (Month)  (Day (Year)
BIRTH  Suggest 3/2 1914  (Month) (Day (Year) that I last saw h. alive on, 191
Stubirths   If LESS than   and that death occurred on the date stated above, at 4 - 0 m, the CAUSE OF DEATH* was as follows:
rion ofession, or not work noture of industry,
establishment in (Duration) yrs. mos. ds.  ACE Contributory
Secondary  Secondary  (Duration)  YES  (Signed)  Secondary  (Duration)  YES  ME OF  THER  STHPLAGE  (Signed)  Secondary  (Duration)  YES  MOS  AND  SHALL (Address)  SOCIAMOS AND  STHPLAGE
State or country)    Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.    Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.    Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
ATHPLACE MOTHER tate or country)  Maryland  Moss. ds. State yrs. mos. ds.
ove is true to the best of May knowledge  t) Howard to the best of May knowledge  to the best of May knowledge  If not at place of death?  Former or  usual residence.
dress). Brandywine Md 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cometing on R Ha Refrigures Sept 1 15, 1911
15 12 1914 Vin Ha Equive & 20 UNDERTAKER Journal Branch wine

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman. etc. Physician, Compositor, Architect, Locomotive engineer first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," dingualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Poerperal septichuecause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopucumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomcucla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



6 DATE

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6	Nol
) (No	

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

If death occurred in a hospital or institution, give its NAME Instead

1 PLACE OF DEATH

2 FULL NAME John H. Ther	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mule Color or race Single, Married, Married, Widower, Ordivered (Write the word)	16 DATE OF DEATH Gugust 1,1914 (Month) (Day (Year)
Month) (Day (Year)	that I last saw h cie alive on fully 30 h 191%.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Energement (deletation) of heart  (Duration) yrs mas ds.
9 BIRTHPLACE (State or country) Crime George	Contributory Opoplety Secondary Lessances os.  (Doration) yrs mos. ds.
10 NAME OF FATHER VISCOUNCE  11 BIRTHPLACE OF FATHER (State or country) VINSCOUNCE  12 MAIDEN NAME	(Signed) Robberg huslone , M. D.  Aug ( ,1914 (Address) by all souls mul  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
OF MOTHER Wishwore  13 BIRTHPLACE OF MOTHER (State or country) Wishwore  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs John Thung Thomas	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Brentword . ms.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  AND MANUAL & COSE DE COME S 10124

, 1914 J. C. Ohlendorpm If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

### NITED STATES STANDARD TIFICATE OF DEATH

proved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomenelasepsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 8086	STATE OF MARYLAND CERTIFICATE OF DEATH
Cou	inty Mice The	Registration Dist. No. 247
Vill	age or City ledge Agleto (No,	St.; Ward)  [it death occurred is a huspital or lustitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Acolor or race 5 single, MARRIED, WIDOWED, OR DIVIDORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17   HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH	(1. 11)
	(Month) (Day (Year)	that I last saw h
(a) par (b) bus whi	CCUPATION OTrade, profession, or ticular kind of work  Beneral nature of Industry, mess, or establishment in chempioyed (or employer)  RTHPLACE (State or country)  PAGE (State or country)  PAGE (State or country)	and that death occurred on the date stated above, at  The GAUSE OF DEATH* was as follows:  (Ouration)  (Ouration)  (Doration)  (Doration)
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
15	of MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Callar Hydra Day  (Address)  1914 John & Walk Beal  REGISTARR	At place of death yrs. mos. ds. State yrs. mus. ds  Where was disease contracted, It not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Bladensburg and. Curg. 3 , 1914  20 UNDERTAKER  F. Gasell Long Bladensburg.
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection nccd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Mcdical Association.] cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



No. 1.

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### RECORD PERMANENT stated EXACTLY. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. may be

AGE should be stated EXACTLY. PHYSIGIANS should state properly classified. Exact statement of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

8 DAT

14 TH

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 234

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

No. 6

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Single, married, widower, ordivorceo (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
Month (Month) (Day (Year)	that I isst ssw halive on
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm,  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	Vingariang Cingri
business, or establishment in which employed (or employer)	(Duration) yrs mos, 10 ds.
9 BIRTHPLACE (State or country) manyland  10 NAME OF FATHER Elloworth Ward  11 BIRTHPLACE OF FATHER (State or country) manyland  12 Maiden NAME OF OF MOTHER (State or country)	(Signed) Edgar D. Hourt , M. D.  (Signed) Edgar D. Hourt , M. D.  Aug 16, 1911 (Address) Plataturay 2nd  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Colls revolte Ward R	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.
15 Filed aug 16, 1914 Edgar R. Huell In 16 govern	Privadence Chapel Que L., 1914.  Privadence Chapel Que L., 1914.  20 UNDERTAKER  Ellsworth Ward  Congrus Hopks

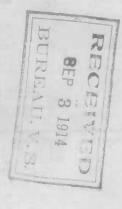
If more blanks are needed, address State Registrar, 6 H. Franklin St., Balto., Requesting V. S. No. 1. ...

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked ou may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," (0)

pneumonia"); ("Pneumonia," "Croup";) prospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic ccre-Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"): Diphtheria (avoid use of Typhoid Lobar pucumonia; Bronchopneumonia meninges, peritonaeum, etc., upqualified, is indefinite): Tubercufever (never report "Typhoid

> oma, Sarcoma, etc., of..... (uame origiu; "Cannant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asaffection used not be stated upless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," State cause for Never report



PHYSICIANS should atate of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 IS pinous UNFADING INK-THIS AGE carefully supplied. that It mi 0.0 PLAINLY, WITH 94 See Instructions on back pinous Item of Information WRITE CAUSE OF Important.

1 PLACE OF DEATH SEX 8 DATE O TAGE BOCCUP (a) Trade, particular (b) Genera business, o which empl State or 10 N PARENTS 11 B (St 12 M 13 BI (Sta 14THE A

### STATE OF MARYLAND CERTIFICATE OF DEATH.

Registered No.

Ward)

[it death occurred in a hospital or institutico, give its NAME instead of street and oumber. 1

TOLL INSINE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Color or RACE 5 SINGLE, MARRIED, WISOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
F BIRTH February (Nonth) (Day) (Year)	Dec., 1913, to July 30, 1914, that I last saw him alive on July 30, 1914
37 yrs. 5 mos. 3 6 ds. 1/2 LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 330 fm, The CAUSE OF DEATH* was as follows:
profession, or when the factor of the factor	(Duration) yrs mos ds.
LACE country) Mel	Contributory (Secondary)  (Duration) yrs. mos. ds.
RETHPLACE DEFFATHER  MALE  MAL	(Signed) MOTHUBERS, M. D.  Quy V, 181 (Address) Von
AIDEN NAME Clen Coats	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS,
RTHPLACE F MOTHER ité or country)	At place in the of death yrs, mos, ds.
nt) who washington doress halling have	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
2 6 + 16	At Peterschurch Cemy Aug 3, 1914

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

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RECORD

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2111 Ilf death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS CERTIFICATE OF DEATH MEDICAL 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDDWED, (Month) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day.....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary Deration' 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 04 12 MAIDEN NAME K OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ State \_\_\_\_ yrs. \_\_\_ Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? Former or

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

usual residence

ADDRESS

REGISTRAR

all If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestion

[Approved by U. S. Census and American Public Health Association.]

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No.

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### PERMANENT 4 UNFADING INK-THIS WITH PLAINLY.

state OCCUPATION jo Exact properly classified. may certificate. 0 n terms, on back plain instructions = DEATH Sec

3 SEX

should is PHYSICIANS supplied. carefully o pe pinous information WRITE of Every item CAUSE OF Important. 1 PLACE OF DEATH





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

lif death occurred in a hospital or Institution, give Its NAME Instead of street and number 1

2 FULL NAME Mary C. It ESE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
	that I last saw hore allve on Ollg 5 ,1914 and that death occurred on the date stated above, at 3 g m. The GAUSE OF DEATH* was as follows:
JPATION  de, protession, or lar kind of work	Methodis  Many years (Duration) yrs mos ds
HPLACE ate or country)	Contributory

(Signed)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR	HOSPITALS, INSTITUTIONS, TRANSIEN
At place	In the
ot death yrs mos ds.	State yrs, mos
Where was disease contracted,	

Former or

BURIAL OR REMOVAL

DATE OF BURIAL

6 DATE TAGE BOCCI (a) Tra particu (b) Ge busines which a (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 15 REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e.g., Farmer or Planter. For many occupations a single word or term on the ness of various parsuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia.") unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronie interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



No. v2

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RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE

PHYSICIANS should state of OCCUPATION Is very AGE should be stated EXACTLY. properly classified. Exact statement AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. of information should be CAUSE OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND

County bruce George 1	CERTIFICATE OF DEATH
1 1 .00	Registration Dist. No. 235
Village or City Torestoll (No.	St.; Ward [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME M/ary ay	ques Wesh of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remark loloved (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h Nalive on Rug 5, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs. 3 mos 4 ds. OR min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Dervices Allie Ceckle  (Duration) yrs. 9 mos. ds.
9 BIRTHPLACE (State or country) MILA	Contributory Secondary  (Ouration) yrs mos ds.
10 NAME OF Mase West	(Signed) Mula Dayes Commission, M. D.
11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means Of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Kosa Porler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INTOFMANT)	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) auf Manuage	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 and bank Samuel & Com	29 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requestin V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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